

L12000034310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

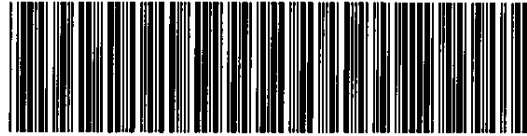
(Business Entity Name)

(Document Number)

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14 JUN -9 AM 8:43  
RECEIVED  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEEDLE POINT LAND, LLC.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIPHANY HARPER

Name of Person

CHASE BANK

Firm/Company

5801 SE FEDERAL HWY

Address

STUART, FL 34997

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

722 220 9746: H

KATHLEEN E. McGRATH

Name of Person

at ( 772 ) 233-0331 Cell

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: NEEDLE POINT LAND, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L12000034310

**THIRD:** Document to be corrected is: AUTHORIZED PERSON DETAIL

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

MGR LISTED BY MIDDLE + LAST NAME  
NEEDS TO BE LEGAL NAME FIRST, M, LAST  
\* KATHLEEN ERIN MCGRATH \*

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☐ The electronic transmission of the record was defective.

Kathleen Erin McGrath  
Signature of Authorized Representative

6/6/14  
Date

FILED  
14 JUN -9 PM 2:43  
SOUTHERN FLORIDA  
FALLHURST, FLORIDA

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)